

YOU MAY EMAIL THIS TO: ICSO@CO.ISLAND.WA.US

ISLAND COUNTY SHERIFF'S OFFICE

PUBLIC DISCLOSURE REQUEST FOR INFORMATION

CASE OR INCIDENT NUMBER:		
REQUESTOR INFORMATION		DATE:
NAME OF REQUESTOR	ADDRESS	PHONE
		DATE OF BIRTH
I WISH TO _____ INSPECT _____ COPY _____ EMAIL OF THE FOLLOWING RECORDS:		
EMAIL ADDRESS _____		
IF THE RECORDS CONCERN INDIVIDUALS(S) OTHER THAN REQUESTOR STATE:		IS/ARE THE RECORDS FOR COMMERCIAL PURPOSES? YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE OF REQUESTOR:	REQUEST MADE IN: PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> PHONE <input type="checkbox"/>	
AGENCY RESPONSE		
ACCESS ALLOWED <input type="checkbox"/> THE APPLICABLE DEPARTMENT HAS BEEN NOTIFIED, AND YOU MAY ACCESS THE REQUESTED RECORDS. <u>(COPY CHARGE IS .25CENTS/PAGE)</u>		
ACCESS IS DENIED <input type="checkbox"/> IT HAS BEEN DETERMINED THAT THE RECORDS YOU HAVE REQUESTED ARE EXEMPT UNDER THE LAW FOR THE FOLLOWING REASONS:		
NO RECORDS FOUND <input type="checkbox"/> EXPLANATION:		
AMOUNT DUE: \$ _____		
RECEIPT NUMBER _____		
DATE OF PICK UP _____		
<u>UNLESS OTHERWISE NOTIFIED, RESPONSE BY THIS AGENCY WILL BE MADE WITHIN TEN WORKING DAYS</u>		
NOTIFICATION		
DATE NOTIFIED:	NOTIFICATION MADE BY: MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/>	PERSON NOTIFIED:
I CERTIFY THAT NOTIFICATION OF FINAL AGENCY RESPONSE WAS CARRIED OUT BY AS STATED ABOVE		I CERTIFY THAT NOTIFICATION OF FINAL AGENCY RESPONSE WAS RECEIVED BY ME
EMPLOYEE SIGNATURE		REQUESTOR SIGNATURE